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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission  
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17

Application Number

09/884,629

Filing Date

June 19, 2001

First Named Inventor

Peter H. St. George-Hyslop

Art Unit

1632

Examiner Name

Joanne Hama

Attorney Docket Number

003237-0013-101

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Reply to Office Action	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**Remarks**

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-1075 (Order No. 003237-0013-101). I have enclosed a duplicate copy of this sheet.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	ROPES & GRAY LLP		
Signature			
Printed name	Raymond M. Doss		
Date	November 20, 2007	Reg. No.	61,000

**EXPRESS MAIL CERTIFICATION (EM014770865US)**

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Signature			
Typed or printed name	SARAH SCHLIE	Date	11/20/07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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1034/1J800US1  
(003237-0013-101; LI0195Q US)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Application No.: 09/884,629 Confirmation No.: 3866  
Applicants : Peter H. St. George-Hyslop et al.  
Filed / : June 19, 2001  
Group Art Unit : 1632  
Examiner : Joanne Hama  
For : TRANSGENIC MOUSE MODEL OF  
NEURODEGENERATIVE DISORDERS

New York, New York  
November 20, 2007

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Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

AMENDMENT AND REPLY TO FINAL OFFICE ACTION

Sir:

This is in reply to the September 7, 2007 Final  
Office Action in the above-identified application.

A reply is due December 7, 2007. Thus, this  
response is timely filed.

Please amend the above-identified application as  
follows:

Application No. 09/884,629  
Amendment dated November 20, 2007  
Reply to Office Action of September 7, 2007

**Amendments to the Claims** are reflected in the  
listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 7 of this paper.